



**Coronavirus Aid, Relief, and Economic Security (CARES) Act Higher Education Emergency Relief Fund (HEERF) Emergency Financial Aid Grant Request Form**

HEERF Emergency Financial Aid Grant funds are available to students to help cover expenses related to the disruption of campus operations due to the Coronavirus (COVID-19). This can include eligible expenses under a student's cost of attendance such as food, housing, course materials, technology, health care and childcare.

**Student Eligibility:**

To be eligible, you must:

1. Must have applied for financial aid
2. Must be in good standing with school
3. Must be currently enrolled in GA Beauty & Barber School
4. Have incurred an eligible expense related to the disruptions of campus operations due to COVID-19, and
5. Must meet [Basic Eligibility Criteria](#) for federal student aid programs
6. Must have filled out the entire application
7. Must drop off application in a sealed envelope at school or email to [ganailsbeauty@hotmail.com](mailto:ganailsbeauty@hotmail.com)
8. Must turn in application as soon as possible

**Eligible Expenses:**

Educational Expenses paid directly by the student.

1. Housing
2. Food/Groceries
3. Utilities
4. Course Materials
5. Technology
6. Childcare
7. Health/Medical Expense
8. Transportation
9. Other

**Grant Approval and Delivery:**

1. Student Financial Aid Services will review your request and notify you of a final decision.
2. All grants will be disbursed to students through direct deposit or check.
3. Emergency Grant refunds will be processed on Fridays.

## Agreement Statement

\_\_\_\_ I have read and agree to the guidelines above, and understand I am limited to one HEERF Emergency Financial Aid Grant Request. If my request does not meet these guidelines, it is subject to denial.

First Name

Last Name

MI

Email

Phone Number

DOB

1. Have you completed a 2019-2020 and/or 2020-2021 [Free Application for Federal Student Aid \(FAFSA\)](#)?

\_\_\_ YES \_\_\_ NO

2. What expenses did you pay as a result of a disruption to GA Beauty & Barber School operations due to the COVID-19?

Housing

Food/Groceries

Utilities

Course Materials

Other

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Technology

Childcare

Health/Medical Expenses

Transportation

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3. Briefly describe the expense that you paid as a result of a disruption to GA Beauty & Barber School's operations due to the COVID-19.

Please note: A loss of income cannot be approved as an eligible expense that occurred as a result of GA Beauty & Barber School disruption of campus operations.

I attest under the penalty of perjury that:

\_\_\_\_ I meet the [Basic Eligibility Criteria](#) for the federal student aid programs listed below:

- I am a US Citizen or Eligible Non-Citizen
- I have a valid Social Security Number
- I am registered for Selective Service if male
- I am a high school graduate or have a recognized equivalent such as a GED

- I am not in default on a federal student loan
- I do not owe money on a federal student grant
- I did not have a drug conviction while receiving federal student aid

\_\_\_\_\_ I am enrolled as a regular student in an eligible certificate program and I am maintaining Satisfactory Academic Progress.

\_\_\_\_\_ I incurred at least one eligible expense related to the disruption of campus operations due to the COVID-19.

\_\_\_\_\_ All information provided is true and correct to the best of my knowledge.

**Signature**

**Date**